

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581967

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	/		/			
5	1		1			
6	1		1			
7	1		1			
8	1		1			
9	1		1			
10	1		1			
11	1					
12	1					
13	1					
14	1					
15	1		1			
16	/		1			
17	1		1			
18	1		1			
19	1		1			
20	1					
21	1					
22	1		1			
23	/					
24						
25			1			
26			1			
27			1			
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3		4			
TOTAL DEP.	20		16			
TOTAL CLAIMS	23		20			

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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58						
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100						
TOTAL IND.						
TOTAL DEP.						